B 5 (Official Form 5) (12/07)

| UNITED STATES BANKRUPTCY COURT | | | | |
|---|--|---|---|--|
| Southern District of Texas | | INVOLUNTARY PETITION | | |
| IN RE (Name of Debtor - If Individual: Last, First, N | | | IES used by debtor in the last 8 years | |
| Amerejuve, Inc. | | (include married, m | aiden, and trade names.) | |
| Last four digits of Social-Security or other Individual (If more than one, state all.): | 's Tax-I.D. No./Complete E. | IN | | |
| STREET ADDRESS OF DEBTOR (No. and street, c. | ity, state, and zip code) | MAILING ADDRE | SS OF DEBTOR (If different from street address) | |
| 2500 West Loop South, Suite 36 Houston, Texas 77027 | 60 | E | | |
| COUNTY OF RESIDENCE OR PRINCIPAL PLACE | E OF BUSINESS | | | |
| Harris County, Texas | ZIP CO | ODE | ZID GODE | |
| | 7702 | | ZIP CODE | |
| LOCATION OF PRINCIPAL ASSETS OF BUSINES | SS DEBTOR (If different fr | om previously listed address | es) | |
| CHAPTER OF BANKRUPTCY CODE UNDER WH | ICH PETITION IS FILED | | | |
| ☐ Chapter 7 🗸 Chapter 11 | | | | |
| INFOR | MATION REGARDING I | DEBTOR (Check applicabl | le boxes) | |
| Nature of Debts (Check one box.) | Type of Debtor (Form of Organization) | | Nature of Business (Check one box.) Health Care Business | |
| Petitioners believe: | ☐ Individual (Includes Joint Debtor) ☐ Corporation (Includes LLC and LLP) | | □ Single Asset Real Estate as defined in 11 U.S.C. § 101(51)(B) | |
| ☐ Debts are primarily consumer debts | ☐ Partnership☐ Other (If debtor is not | | □ Railroad | |
| Debts are primarily business debts | check this box and stat | te type of entity below.) | □ Stockbroker □ Commodity Broker | |
| | *************************************** | | ☐ Clearing Bank ☐ Other | |
| VENUE | | | FILING FEE (Check one box) | |
| Debtor has been domiciled or has had a residence, | principal | | d | |
| place of business, or principal assets in the District days immediately preceding the date of this petition | for 180 n or for | □ Petitioner is a child sur | etitioner is a child support creditor or its representative, and the form | |
| a longer part of such 180 days than in any other Dis | strict. | specified in § 304(g) or | f the Bankruptcy Reform Act of 1994 is attached. | |
| ☐ A bankruptcy case concerning debtor's affiliate, get | neral | petitioner files the form spe | child support creditor or its representative is a petitioner, and if the oner files the form specified in § 304(g) of the Bankruptcy Reform Act of | |
| partner or partnership is pending in this District. | | 1994, no fee is required.] | | |
| OR AFFILIATE OF THIS DEB | PTCY CASE FILED BY (BTOR (Report information for | OR AGAINST ANY PART or any additional cases on at | NER tached sheets.) | |
| Name of Debtor | Case Number | | Date | |
| Relationship | District | | Judge | |
| ALLEGATIONS (Check applicable boxes) | | COURT USE ONLY | | |
| 1. Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b). 2. The debtor is a person against whom an order for relief may be entered under title 11 of the United | | COOK! OSE ONE! | | |
| States Code. 3.a. The debtor is generally not paying such debtor the subject of a bona fide dispute as to liability | 's debts as they become due. | i | | |
| or b. Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession. | | | | |
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B 5 (Official Form 5) (12/07) - Page 2

| Name of Debtor Amerejuve, Inc. |
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| |

| TRANSFER C Check this box if there has been a transfer of any claim against the evidence the transfer and any statements that are required under | he debtor by or to any petitione Bankruptcy Rule 1003(a). | r. Attach all documents that | |
|---|---|------------------------------|--|
| REQUEST FOR RELIEF Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11. United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached. | | | |
| Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief, X | x | Walker LLP Dute | |
| x Signature of Petitioner or Representative (State title) Molloy Corporation, d/b/a PXP Printing | x Signature of Attorney | Date | |
| Name of Petitioner Date Signed | Name of Attorney Firm (If any) | | |
| Name & Mailing Address of Individual Signing in Representative Capacity Mr. Ted Molloy, Owner and Prosident 9000 Southwest Freeway. Suite 320 Houston, Texas 77074 | Address Telephone No. | | |
| x | xSignature of Attorney | Date | |
| Name of Petitioner Date Signed | Name of Attorney Firm (If any) | | |
| Name & Mailing Dr. Harold Adams, President Address of Individual 1075 Kingwood Drive, Suite 150 Signing in Representative Kingwood, Texas 77339 | Address Telephone No. | | |
| Cupacity | relapitone 140, | | |
| PETITIONING C | | L A | |
| Name and Address of Petitioner Richard K. Vanik, MD (see above address) | Nature of Claim Services rendered / non-contingent | Amount of Claim | |
| | Indemnity obligation | at least \$50,000 | |
| Name and Address of Politioner | Nature of Claim | Amount of Claim | |
| Molloy Corporation, d/b/a PXP Printing (see above address) Name and Address of Petitioner | Names of Claim | at least \$8,607.39 | |
| | Nature of Claim | Amount of Claim | |
| Texas Anesthesiology Consultants of Texas, PLLC (see above address) | trade payable | at least \$17,000.00 | |
| Note: If there are more than three petitioners, attach additional sheets with the statement under panalty of perjury, each petitioners's signature under the statement and the name of attorney and petitioning creditor in formation in the format above. Total Amount of Pelitioners' Claims \$75,607,39 | | | |
| | | | |

____continuation sheets attached

B 5 (Official Form 5) (12/07) - Page 2

| Name of Debtor_ | Amerejuve, Inc. |
|-----------------|-----------------|
| | |
| Case No. | _ |

| Principal Control of the Control of | | | |
|---|--|--|--|
| TRANSFER OF CLAIM Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a). | | | |
| REQUEST FO | | | |
| Petitioner(s) request that an order for relief be entered against the debtor und petition. If any petitioner is a foreign representative appointed in a foreign recognition is attached. | der the chapter of title 11, United St | tates Code, specified in this order of the court granting | |
| Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief. x | x Lionel M. Se | hoole (OCT 2014 | |
| Signature of Petitioner or Representative (State title) Richard K. Vanik, MD | Signature of Attorney Lionel M. Schooler, Jackson \ | | |
| Name of Petitioner Date Signed | Name of Attorney Firm (If any) 1401 Mckinney, Suite 1900, F | Investor TV 77040 | |
| Name & Mailing Address of Individual Signing in Representative 7777 Southwest Fwy, Suite 500 Houston, Texas 77074 | Address (713) 752-4200 Telephone No. | Aduston, 12 77010 | |
| Capacity | | | |
| 60 m | | | |
| · I cash how | V | | |
| Signature of Petitioner or Representative (State title) Molloy Corporation, d/b/a PXP Printing | Signature of Attorney | Date | |
| Name of Petitioner Date Signed | Name of Attorney Firm (If any) | | |
| Name & Mailing Mr. Tad Molloy, Owner and President Address of Individual 9000 Southwest Freeway, Suite 320 | Address | | |
| Signing in Representative Houston, Texas 77074 Capacity | Telephone No. | | |
| | v . | | |
| Signature of Petitioner or Representative (State title) | Signature of Attorney | Date | |
| Texas Anesthesiology Consultants of Texas, PLLC | | | |
| Name of Petitioner Date Signed | Name of Attorney Firm (If any) | | |
| Name & Mailing Dr. Harold Adams, President Address of Individual 1075 Kingwood Drive, Suite 150 | Address | | |
| Signing in Representative Kingwood, Texas 77339 Capacity | Telephone No. | | |
| PETITIONING O | CREDITORS | | |
| Name and Address of Petitioner | Nature of Claim Services rendered / non-contingent | Amount of Claim | |
| Richard K. Vanik, MD (see above address) | indemnity obligation | at least \$50,000 | |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim | |
| Molloy Corporation, d/b/a PXP Printing (see above address) | trade payable | at least \$8,607.39 | |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim | |
| Texas Anesthesiology Consultants of Texas, PLLC (see above address) | trade payable | at least \$17,000.00 | |
| Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above. Total Amount of Petitioner Claims \$75,607.39 | | | |
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B 5 (Official from \$) (12/07) - Puge 2

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|-----------------|------------|------|--|
| Case No. | , | | |

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| REQUEST FO | | | |
| Petitioner(s) request that an order for relief be entered against the debtor un | der the chapter of title 11, United 2 | States Code, specified in this | |
| patition. If any petitioner is a foreign representative appointed in a foreign | proceeding, a certified copy of the | order of the court granting | |
| recognition is sunched. | | | |
| Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief. | 1 |) | |
| v | x Linel M. of | hoole COCT 2014 | |
| Signature of Politioner or Representative (State title) | Signature of Attorney | Date | |
| Richard K. Vanlk, MD | Lionel M. Schooler, Jackson | | |
| Name of Petitioner Date Signed | | | |
| _ | Name of Attorney Find (tf sny) 1401 Mckinney, Suite 1900. | Houston, TX 77010 | |
| Nams & Melting 7777 Southwest Fwy, Suite 500 Houston, Texas 77074 | Address | The state of the s | |
| Address of Individual | (713) 752-4200 | | |
| Signing In Representative | Telephone No. | | |
| Capacity | 1 | | |
| | | | |
| | | | |
| X Signature of Pelitioner or Representative (State title) | X | | |
| Molidy Corporation, d/b/s PXP Printing | Signature of Attorney | Date | |
| Name of Petitioner Date Signed | Name of Attorney Firm (If any) | | |
| LAME OF A CHICAGO. | Transcor reminey run (it miy) | | |
| Name & Mailing Mr. Tad Molloy, Owner and President | Address | | |
| Address of Individual 9000 Southwest Freeway, Suite 320 | | | |
| Signing in Representative Houston, Texas 77074 | Telephone No. | | |
| Capacity | | | |
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| micel we | | | |
| Signature of Petitioner or Representative (State title) | Signature of Attorney | Date | |
| • • | algumine of Attorney | Diffe | |
| Texas Anesthesiology Consultants of Texas, PLLC Name of Politioner Date Signed | Name of Anomey Firm (If any) | | |
| | | | |
| Name & Mailing Dr. Harold Adams, President Address of Individual 1076 Kingwood Drive, Sulle 150 | Addross | | |
| | | | |
| | Telephone No. | | |
| Capacily | | | |
| PETITIONING C | PENITORS | | |
| Name and Address of Petitioner | Noture of Claim | Amount of Claim | |
| | Services rendered / non-contingent | at least \$50,000 | |
| Richard K. Váník, MD (see above address) | indenmity obligation | | |
| Name and Address of Petitioner | Nature of Ctalm | Amount of Cisim | |
| Moltoy Corporation, d/b/a PXP Printing (see above address) | trade payable | at least \$8,607.39 | |
| Name and Address of Petitioner | Nature of Claim | Amount of Claim | |
| Toxas Anesthesiology Consultants of Texas. FLLC (see above address) | trade payable | at least \$17,000.00 | |
| Note: If there are more than three petitioners, attach additional sheets with the statement under Total Amount of Petitioners' | | | |
| penalty of perjury, each petitioner's signature under the statemen | Cluims \$75,607.39 | | |
| end petitioning creditor information in the format above. | | | |

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